

GEORGIA

ChiroWise® 2025 Medicare Part B fee schedule (non-hospital) Revision: 2

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Atlanta	98940	26.49	25.17	28.94
	98941	38.42	36.50	41.97
	98942	49.71	47.22	54.31
99 Rest Of State	98940	24.76	23.52	27.05
	98941	36.02	34.22	39.35
	98942	46.70	44.37	51.02

2025 deductible \$257.00

www.palmettogba.com/medicare Click this link to access your Medicare carrier

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